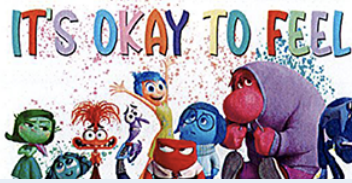


**Union Church**  
**2026 Vacation Bible School**  
**March 16 – 20, 2026**  
**9 am – 12:30 pm**



**Child Registration Information**

**Child Name:** Test      **Birth Date:** 2020-01-01  
**Parent/Guardian:** Test      **Age:** 6  
**Grade:** 1      **Gender:** Male

**Registration Form**

**Address**  
Test st

**Email Address**  
test@test.com

**Phone Numbers**

**Home:** 5555555555      **Cell:** -  
**Work:** -

**Church / Attendance**

**Home Church**  
Union

**Friends at VBS**  
Sandra

**Health and Safety**

**Allergies / Medical Information**  
Test

**Emergency Contact:** Test      **Phone:** 5555555555

**Dismissal Information**  
Test

**For Office Use Only**

**Crew Group:** \_\_\_\_\_

## Special Needs Considerations

Child Name: Test

1. How does your child best communicate his/her needs?

-

2. How does your child communicate when she or he does not want something?

-

3. What are your child's strengths?

-

4. What are your child's challenges?

-

5. What does your child like to do?

-

6. How does your child socialize/make friends?

-

7. Are there any aggressive/inappropriate behaviors we should know about?

-

8. Are there any triggers of inappropriate behaviors?

-

9. What are some things that help hold your child's attention?

-

10. Does your child have any dietary or environmental issues we should be aware of?

-

11. Does your child have physical limitations? If so, briefly describe.

-

12. Are there medical issues we need to be aware of (seizures, diabetes, medications)?

-

13. What are some ways we can help your child learn about God's love?

-

14. Is there anything else you would like for us to know?

-